T-3 Travel Expense Claim Sheet
(Please submit this page with your travel receipts)

Name: _____

Trip Start Date: _____ **Trip End Date:** _____

Business Start Date: _____ **Business Start Time:** _____
Business End Date: _____ **Business End Time:** _____

Time left Home: _____ **Time Arrived at Hotel:** _____
Time left Hotel: _____ **Time Arrived Home:** _____

Number of Personal Days: _____

Personal Vehicle: From _____ to _____ to _____

Per diem: Breakfast Lunch Dinner
Number of Meals Provided ____ ____ ____

Airfare: $ _____

Rental Car: $ _____
$ _____
$ _____

Hotel: $ _____
$ _____
$ _____

Local Transportation: $ _____

Registration: $ _____

Phone/Fax: $ _____

Other: _____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

Additional trip information/comments:

_____

_____

_____